

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020699

1. Corporation Name

LIBERTY CLINICS, U.S.A., INC.

Principal Place of Business

2455 E SUNRISE BLVD. STE PS-S
FORT LAUDERDALE FL 33304

Mailing Address

2455 E SUNRISE BLVD. STE PS-S
FORT LAUDERDALE FL 33304

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90036 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

65-0891127

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 11950 NW 39TH STREET

2a. Mailing Address

26 11950 NW 39TH STREET

Suite, Apt. #, etc.

22 SUITE D

Suite, Apt. #, etc.

27 SUITE D

City & State

23 CORAL SPRINGS, FL

City & State

28 CORAL SPRINGS, FL

Zip

24 33065 Country USA

Zip

29 33065 Country USA

9. Name and Address of Current Registered Agent

SPEAR, GARRY R ESQ.
5455 N FEDERAL HWY, STE I
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

DOUGLAS J. MEE

82 Street Address (P.O. Box Number is Not Acceptable)

11950 NW 39TH STREET

83

SUITE D

84 City

CORAL SPRINGS

FL

85 Zip Code

33065

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DOUGLAS J. MEE

4/28/97

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME BURSON, ERNEST N III.
STREET ADDRESS 2455 E SUNRISE BLVD, STE PS-S
CITY-ST-ZIP FORT LAUDERDALE FL 33304

☒ DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME DOUGLAS J. MEE

1.3 STREET ADDRESS 11950 N.W. 39TH STREET SUITE D

1.4 CITY-ST-ZIP CORAL SPRINGS, FL 33065

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J. MEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 184-344-2454
Date Daytime Phone #

CR2E034 (11/98)